

Strengthening and oversight of the WHO Health Emergencies Programme

Update on strengthening health emergency prevention, preparedness, response and resilience

Report by the Director-General

Introduction

1. The global health emergency landscape is evolving rapidly, with crises becoming more frequent and complex. Built on lessons learned, the health emergency prevention, preparedness, response and resilience (HEPR) framework enhances countries' ability to prevent, detect and respond to health threats while strengthening health system resilience.
2. Growing pressures, exacerbated by geopolitical instability, climate change and emerging diseases, further highlight the need for sustained investment in preparedness. Attacks on healthcare infrastructure, widening inequities and critical funding gaps reinforce the need for international cooperation and predictable financing. The WHO Health Emergencies Programme is central to these efforts, aligned with the pillar on protecting health of the Fourteenth General Programme of Work, 2025–2028.
3. The present report provides a review of HEPR implementation as at 31 December 2025.

Strengthening global governance

4. Further to resolution WHA77.17 (2024), the amendments to the International Health Regulations (2005) entered into force for 182 of 196 States Parties, on 19 September 2025.
5. After adoption of the WHO Pandemic Agreement,¹ the open-ended Intergovernmental Working Group on the WHO Pandemic Agreement was established to, as a priority, draft and negotiate the Pathogen Access and Benefit-Sharing System Annex and submit the outcome to the

¹ Resolution WHA78.1 (2025).

Seventy-ninth World Health Assembly for its consideration, and subsequently to facilitate activities related to the opening for signature, ratification, acceptance, approval, accession or formal confirmation of the Agreement.

6. The Executive Board, at its 156th session, extended the mandate of the Standing Committee on Health Emergency Prevention, Preparedness and Response until the closure of the Seventy-ninth World Health Assembly in 2026.² The Executive Board at its 158th session considered a report on mandates and functions of governance oversight mechanisms for health emergencies³ and did not decide to further extend the mandate of the Standing Committee on Health Emergency Prevention, Preparedness and Response.

7. Under the Universal Health and Preparedness Review pilot, 12 countries in five WHO regions have been officially engaged, and nine countries have conducted high-level missions.

Strengthening the capabilities of HEPR systems

Collaborative surveillance

8. All WHO regions now incorporate collaborative surveillance approaches, and three regions (Europe, South-East Asia and Western Pacific) include collaborative surveillance in their regional strategies. In 2025, WHO mobilized a grant of US\$ 18 million to advance collaborative surveillance implementation and established a regional coordination mechanism across all regions.

9. The Epidemic Intelligence from Open Sources initiative continues to strengthen global public health surveillance and intelligence. As of 2025, the initiative has offered training to nearly 5000 public health intelligence professionals and supported public health intelligence activities across 119 Member States, and 30 organizations and networks, with a newly released system leveraging advanced artificial intelligence capabilities.

10. The International Pathogen Surveillance Network engaged 366 active partner organizations across 111 countries to strengthen genomic surveillance capacity, co-developed a genomic data use toolkit, and provided US\$ 1.92 million in catalytic funding to low- and middle-income countries.

11. WHO supported 179 laboratories in 136 countries, improving mpox testing, genomic sequencing and outbreak response capabilities, and engaged over 3600 experts from 170 countries to build national workforce capacity. WHO advanced global laboratory initiatives to enhance health security, including the Global Laboratory Leadership Programme, the Laboratory Recognition Programme for national reference laboratories, and a global public health laboratory webinar series. A WHO-coordinated laboratory network of networks for surveillance, preparedness and response to (re-)emerging viruses was conceptualized, with training provided to 170 laboratorians from eight countries. These trainers subsequently supported the training of at least 6000 healthcare workers, enabling more timely and targeted cholera control interventions.

12. WHO facilitated collaborative analysis by launching the Collaboratory, connecting 1400 multidisciplinary experts from 62 countries, and by developing the first Digital Adaptation Kit for surveillance, covering measles, cholera, yellow fever and meningitis.

² Decision EB156(39) (2025).

³ Document EB158/49.

13. In 2025, the WHO Global Influenza Surveillance and Response System strengthened global preparedness for influenza and other respiratory threats through integrated surveillance, risk assessment and response. Using the Tool for Influenza Pandemic Risk Assessment, the WHO Global Influenza Surveillance and Response System produced a comprehensive avian and swine influenza risk map, covering 11 zoonotic influenza A viruses, guiding preparedness priorities across sectors.

Community protection

14. WHO set evidence-based norms and standards for community protection, with a focus on generating and applying community-level evidence, as well as developing operational tools to support real-time data collection, analysis and use. For mpox, evidence from over 500 communities directly informed response adaptations, affecting more than 5.6 million people in high-burden settings.

15. Through the Information Network for Epidemics and regional webinars, WHO engaged over 56 000 practitioners across 190 countries on emerging public health issues and protracted crises. To enhance evidence-informed decision-making, WHO published a decision framework for effective, equitable and context-specific public health and social measures during public health emergencies.

16. Of 2427 points of entry designated under the International Health Regulations (2005), 1889 have established all-hazard multisectoral public health contingency plans. In addition, 157 States Parties have authorized ports to conduct hygiene and sanitation inspections on board ships, reinforcing prevention and response to public health risks.

17. Throughout 2025, WHO continued to strengthen its work to consolidate emerging evidence and expert views on the effectiveness and public health impact of travel-related measures, with ongoing work addressing vector control at points of entry and the disinfection of conveyances.

Safe and scalable care

18. WHO increased access to quality medical oxygen in 48 Member States and recognized territories or areas, including 21 fragile, conflict-affected and vulnerable settings, by conducting oxygen site assessments, procurement and commissioning of 28 oxygen plants.

19. Notably, the first real-world deployment of the Infectious Disease Treatment Module during an Ebola virus disease outbreak in the Democratic Republic of the Congo demonstrated an unprecedented capability for early-phase filovirus case management, supported by field deployments of senior WHO experts.

20. WHO's Global Clinical Platform oversees interoperable clinical data standards which support real-time data collection, analysis and visualization of clinical characteristics in relation to facility characteristics. In 2025, 3148 patients contributed data across eight diseases (seven acute events) and 25 countries. The platform supported WHO-published research on medical oxygen usage by 3070 patients in 23 low- and middle-income countries during the coronavirus disease (COVID-19) pandemic, laying the groundwork for future clinical trials.

Access to medical countermeasures

21. WHO also established collaborative open research consortiums to outline the priority research agenda for pathogen families and improve understanding of high threat pathogens,

accelerate clinical trial standardization, initiation and development of medical countermeasures, and ultimately facilitate streamlining of regulatory approvals and reduce delays in access to vaccines, diagnostics and therapeutic products.

22. In 2025, the WHO BioHub System, facilitating the sharing of biological materials with epidemic and pandemic potential, shared 30 samples through 17 shipments, involving 17 laboratories across 10 countries, demonstrating its operational value for preparedness and response.

23. The interim Medical Countermeasures Network has improved collaborative access and allocation mechanisms. In 2025, 1.9 million doses of mpox vaccines were secured through the access and allocation mechanism and distributed to 13 countries. WHO also provided US\$ 44 million in emergency supplies to 77 countries.

24. WHO and partners have created event-specific health logistics and supply coordination mechanisms to steer global health supply chains towards response priorities. WHO is refining the appropriate strategic operational model for the Global Hub for Global Health Emergencies Logistics.

Emergency coordination

25. In 2025, WHO facilitated joint external evaluations in 20 countries, conducted joint International Health Regulations (2005)/Performance of Veterinary Services National Bridging Workshops in nine countries, strategic risk assessments in 31 countries and resource mapping in three countries. It supported the development of 22 national action plans for health security, 59 Simulations Exercises and 26 Action Reviews. It also complemented the International Health Regulations (2005) Monitoring and Evaluation Framework with readiness components.

26. In 2025, WHO advanced multisectoral coordination, including through parliamentary engagement and through innovative country-level initiatives focused on critical urban risks.

27. Also in 2025, WHO published the global health emergency corps framework to standardize national health emergency workforce systems and tested it through a global simulation with 15 countries and 20 organizations. It deployed 49 technical experts through the Global Outbreak Alert and Response Network, while Emergency Medical Teams facilitated over 3.5 million medical consultations in crisis settings, including the Gaza Strip and Sudan. WHO also provided support to expand national public health emergency operations centres.

28. WHO continued coordinating with international travel, transport and migration partners to align health emergency policies, strategies and guidance with amendments to the International Health Regulations (2005). Through established coordination mechanisms, WHO strengthened global health emergencies governance and protection of essential workers.

Application of HEPR for specific threats and settings

29. The 2025 Global Humanitarian Overview “hyper-prioritized” 45 million of the 81.4 million people targeted for health assistance, reducing the funding requirement by 33.4%.

30. Reduced funding affected more than 6600 health facilities across 22 humanitarian settings, a third of which were forced to suspend services, resulting in reduced or no access to health services for 52.6 million people. Funding cuts have put 50% of Health Cluster coordinator positions and

32% of coordination teams at risk beyond December 2025, significantly weakening objective coordination and the ability to drive equitable and joint service delivery at country level.

31. Countries affected by humanitarian crises account for 58% of global maternal deaths, 39% of newborn deaths and 41% of stillbirths. Aid cuts to maternal, child sexual and reproductive health and HIV services led to clinic closures, contributing to preventable deaths of women in Afghanistan, Ethiopia and Yemen.

32. Furthermore, 70% of women in crises are subjected to gender-based violence. Over 60% of organizations have scaled back or stopped services due to reduced funding, leaving 3 million women and girls with nowhere to turn.

33. In 2025, the Integrated Food Security Phase Classification (IPC) confirmed famine conditions (IPC Phase 5) in parts of the Gaza Strip and Sudan and warned of a heightened risk of famine in parts of South Sudan. Disruptions to nutrition services were projected to affect 14 million children, including more than 2.4 million who were already suffering from severe acute malnutrition.

34. Reduced financing led to a 94% drop in country requests for emergency psychotropic medicines, putting nearly 2 million people at risk of losing access to essential treatment.

35. Following the adoption of resolution WHA77.8 (2024), efforts to identify and share best practices in regions and countries are under way. A global mapping exercise also identified guidance gaps and priorities, based on which the development of operational guidance on risk-informed governance has been initiated with partners.

36. WHO works with Member States and partners to strengthen mpox response and control measures. It co-leads the continental Incident Management Support Team with Africa Centres for Disease Control and Prevention, ensuring global and continental strategic plans are aligned and address the needs of affected areas.

37. WHO works with Member States, partners, WHO collaborating centres and expert groups, such as the WHO Strategic Advisory Group of Experts on Immunization, to strengthen responses to high threat pathogens, including viral haemorrhagic fevers, cholera, meningitis, arboviruses and poxvirus diseases. These efforts improve countries' capacity to prevent, detect and respond to outbreaks through faster detection, better preparedness and more efficient emergency response operations.

Sustainable and coordinated financing for HEPR

38. Effective HEPR requires sustainable, predictable financing. WHO is advocating for long-term, diversified financing solutions, ensuring sustainable, scalable and equitable health security investments.

39. WHO is a key partner in the Pandemic Fund, supporting 41 projects in 68 countries across six regions, with a total allocation of US\$ 427 million to date. The Fund reallocated US\$ 128.89 million for mpox response and approved a further US\$ 500 million in grants under the third call for proposals. WHO coordinated the development of the risk and needs metric, a new methodology to identify countries with the highest risks and needs to fill capacity gaps in the most challenging contexts.

40. Work continues with major development banks to improve pandemic preparedness through the Health Impact Investment Platform, which aims to strengthen health systems and improve access to essential primary healthcare services, while also addressing cross-cutting priorities such as climate resilience and pandemic preparedness.

41. In July 2025, Jordan became the first country to receive up to US\$ 700 million from the International Monetary Fund's Resilience and Sustainability Trust, with implementation plans under way to address vulnerabilities and strengthen capacity to respond to future pandemics. Additional countries are being engaged to improve pandemic preparedness and climate resilience.

42. WHO, as secretariat of the G20 Joint Finance and Health Taskforce, supported work on the global report on the framework for economic vulnerabilities and risks, the operational playbook for response financing, and the report on financing for pandemic preparedness.

43. In 2025, the WHO Contingency Fund for Emergencies disbursed US\$ 29.4 million to respond to 24 emergencies. Contributions from 12 donors provided US\$ 10.6 million, reinforcing rapid response capabilities and ensuring that WHO is able to act swiftly in emerging crises.

Action by the Standing Committee

44. The Standing Committee is invited to note the report and to provide guidance on the following points.

- How can WHO sustain and strengthen implementation of the HEPR framework amid the current resource constraints faced by the Organization?
- What are the broader implications for global health security if HEPR implementation is not sustained?
